

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 20 1944 318 STANDARD CERTIFICATE OF DEATH 1003

16433

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

4176

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Personnel and Cat City Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME George Hofmeister

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 1, 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 -- 1 hr. min.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business

12. Name George Hofmeister13. Birthplace Germany
 (City, town, or county) (State or foreign country)14. Maiden name Sophia Thousand15. Birthplace Germany
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Ida Hofmeister(b) Address 3424a Arsenal St.17. (a) Burial (b) Date thereof 5/6/44
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SS. Peter & Paul Cem.18. (a) Signature of funeral director Gebken-Benz Mortuary(b) Address 2842 Meramec St.19. (a) MAY 5 1944 (b) J. F. Bruck
 (Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 3436 So. Broadway (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 2nd day 1944 hour 4:45 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis; Arteriosclerosis
 Duration _____

Due to 94

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (a) Means of injury _____

23. Signature Alfred J. Bruck (M. D. or other) _____Address 2842 Meramec St. Date signed 5/5/44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by..... me

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.